

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENTION OF LEAVE OR
COMMUTATION OF LEAVE**

Signature of the Govt. servant

I, Dr. after careful personal examination of the case, hereby certify that Sh. /Smt. /Km. whose signature is given above, is suffering from and I consider that a period of absence from duty of days with effect from is absolutely necessary for the restoration of his/her health.

Authorized Medical Attendant

**Hospital/Dispensary
or other Registered Medical Practitioner**

Dated.....

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Govt. servant

I, Dr. do hereby certify that I have carefully examined Sh./Smt./Km. whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in Govt. Service. I also certify that before arriving at this decision I have examined the original medical certificate (s) and statement (s) of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

**Civil Surgeon/Staff Surgeon
Authorized Medical Attendant
Registered Medical Practitioner**

Dated.....